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Maine Asthma Action/Management Plan

Maine Department of Health and Human Services

Maine Center for Disease Control and Prevention

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Patient Name Label

Maine Asthma Action/Management Plan

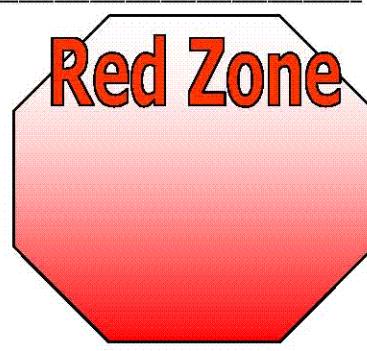
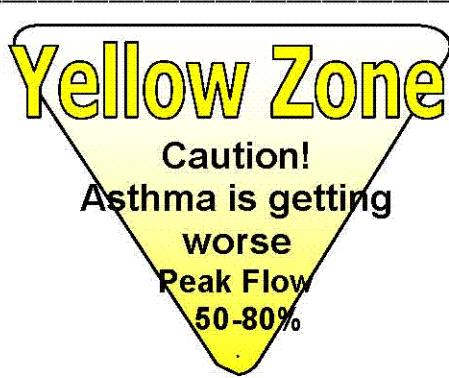
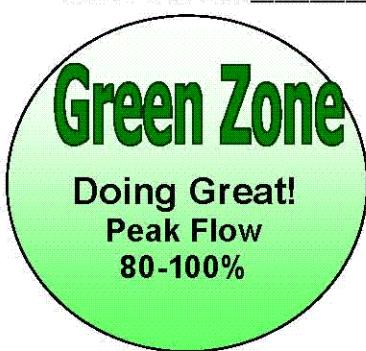
Personal best or predicted Peak Flow _____

Current Medications**How Much****How Often Each Day****Preventive/Controller Medicines****Quick Relief Medicines****Other Instructions:**

Remember to get your Flu shot each year!

Goals: ♦ No severe symptoms ♦ Can do activities of your choice ♦ No work or school missed due to asthma ♦ Best possible lung function
 ♦ No emergency visits or hospitalizations for asthma ♦ Lowest dose of medicines that control asthma with fewest side effects

YOUR GOALS: _____



Peak Flow = _____ - _____

Peak Flow = _____ - _____

Peak Flow less than _____

- No cough, wheeze, or difficulty breathing
- Sleep through the night
- Can do usual activities
- Peak flow 80-100% of personal best

- Cough, wheeze, short of breath, or using quick relief medicine more than two extra times per week
- Waking at night due to cough or wheeze more than 2 times a month
- Can't do regular activities
- Peak flow 50-80% of personal best

- Very short of breath
- Hard time walking or talking
- Skin in neck or between ribs pulls in
- Quick relief medicines not helping
- Peak flow less than 50% personal best

- Take your regular preventive medicines
- Exercise regularly
- Avoid your triggers:

- Begin using quick relief nebulizer or quick relief inhaler every 4-6 hours
 Quick relief medicine: _____
- Other: _____

If your quick relief medicine isn't working or
 you are not getting better in 24-48 hours,
 please call your healthcare provider!

- Take a nebulizer treatment, or 4 puffs of quick relief medicine NOW
 - Call your healthcare provider NOW or go to the Emergency Room
- OR
- Call 911

Other instructions: _____

Questions or problems? Please call us at tel. _____

Provider Signature / Clinician Signature

Date